

CLAIMS ONLY						Application Number 09/649013	Filing Date				
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			—				51				
2			—				52				
3			1	—			53				
4			—				54				
5			—				55				
6			—				56				
7			—				57				
8			—				58				
9			—				59				
10			—				60				
11			—				61				
12			—				62				
13			—				63				
14			—				64				
15			—				65				
16			—				66				
17			—				67				
18			—				68				
19			—				69				
20			—				70				
21			—				71				
22			—				72				
23			—				73				
24			—				74				
25			—				75				
26			—				76				
27			—				77				
28			—				78				
29			—				79				
30			—				80				
31			—				81				
32			—				82				
33			—				83				
34			—				84				
35			—				85				
36			—				86				
37			—				87				
38			—				88				
39			—				89				
40			—				90				
41			—				91				
42			—				92				
43			—				93				
44			—				94				
45			—				95				
46			—				96				
47			—				97				
48			—				98				
49			—				99				
50			—				100				
Total Indep			2				Total Indep				
Total Depend			13			▲	Total Depend			▲	
Total Claims			15			▲	Total Claims			▲	